



ELECTRONIC TAX REPORTING PROGRAM
REGISTRATION AND AUTHORIZATION FORM
MONTANA DEPARTMENT OF REVENUE

Transmitter Name:			
Employer Name			
Employer Address			
State EIN	Federal EIN		
Transmitter Contact Information			
Contact Person	Phone Number	Fax Number	
Email	Signature		
ACH CREDIT <input type="checkbox"/> ACH Debit on The Web (WOW) <input type="checkbox"/>			

If you chose the ACH debit program you hereby authorize the Montana Department of Revenue (DOR) to initiate debit entries to the bank account identified below on your behalf. These debits will pertain only to electronic funds transfer payments you initiate. This authority will remain in full force until you notify us in writing that you wish to terminate the Montana ACH Debit program.

THIS SECTION REQUIRED FOR ACH DEBIT FILERS ONLY	
Bank Name / Branch (or Street Address)	
Bank Routing Number	Bank Account Number
Name as Shown on bank account:	
Optional Information	
Bank Contact Person	Bank Contact Phone

Complete this form and mail or fax to:
Electronic Tax Reporting Unit
Montana Department of Revenue
P.O. Box 5805
Helena MT 59604-5805

FAX 406-444-4556 or 406-444-1505
David Berg 406-444-6957 or
Laura Glueckert 406-444-4012